

Fax: 831-582-3741

Mail: CSUMB Cashier
100 Campus Center
Seaside, CA 93955-8001

Winter

Student	Information	Social Security Number				_ Circle Term	Spring Summer Ye Fall	ear
Last Name		First Name		Middle Name				
Street Address						State	Zip	
Date of Birth		M F		Email Address				
Daytime Phone		Evening Phone		Fax				
tudent S	ignature				Dat	re		
Course I	nformation		For disability a	ccommodation	ns, see po	age 1.		
Status (Offiice Only)	CRN No. (Required)	Dept.	Course No.	Section	Units	Instructor's Signature		DLEE Fee
	, , , ,							
Cashier's Stamp			CSUMB Office Use Only Name			Total Units	Additional Fee	
					Total DLEE Fee			
II., D.			Date Entered					
Units Paid _		_						
Payment	}							
		CSUMB/D	LEE for \$					
☐ Credit Card (please circle): Visa MasterCard Discover					'			
I hereby authorize CSUMB to charge the following Credit Card Number								
Cardholder name as printed on credit card								
Daytime	Phone		Message ph	ione				